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AUG 08 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Shen et al.

Attorney Docket No.: CISC193/3930

Application No.: 09/945,116

Examiner: Senfi, Behrooz M.

Filed: August 31, 2001

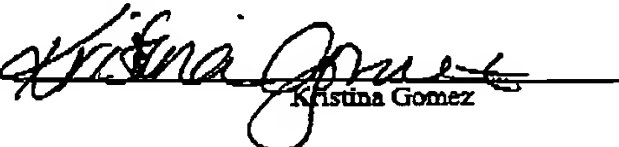
Group: 2613

Title: METHODS AND APPARATUS FOR
ENCODING A VIDEO SIGNAL

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on August 8, 2006.

Signed:


Kristina Gomez

NOTICE OF APPEAL

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed June 8, 2006 finally rejecting Claims 1-46.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

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| <u>Months</u> | <u>Large Entity</u> | <u>Small Entity</u> |
|--------------------------------|---------------------|---------------------|
| <input type="checkbox"/> one | \$120.00 | \$ 60.00 |
| <input type="checkbox"/> two | \$450.00 | \$225.00 |
| <input type="checkbox"/> three | \$1,020.00 | \$510.00 |

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

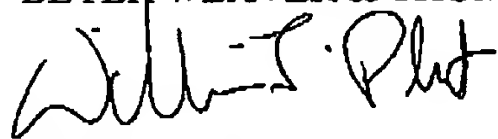
| | |
|------------------------|-------|
| Notice of Appeal Fee | \$500 |
| Extension Fee (if any) | \$ |

| | |
|----------------------|--------------|
| Total Fee Due | \$500 |
|----------------------|--------------|

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. CISC193).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



William J. Plut
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